

**DEPARTMENT OF EMERGENCY MANAGEMENT  
AND HOMELAND SECURITY**

Office of the Commissioner  
25 SIGOURNEY STREET  
Hartford, Connecticut 06105-3780

**CONNECTICUT DEPARTMENT OF  
PUBLIC HEALTH**

Office of the Commissioner  
410 Capitol Avenue  
Hartford, Connecticut 06134-0308

May 8, 2007

**Joint Memorandum to Chief Elected Officials and Agency Heads**

To: Chief Elected Officials, Emergency Management Directors and Points of Contact

Re: Nerve Agent Antidote Kit (Mark 1 Kit) Training and Implementation Program

During the FY 2003 legislative session, Public Act (PA) 03-6 was enacted to allow first responders to carry and to use Nerve Agent Antidote Kits provided the responders have completed an approved training course. The purpose of this letter is to provide you with detailed information regarding your community's participation in the *Connecticut Mark 1 Nerve Agent Antidote Kit Program*.

The Mark 1 Nerve Agent Antidote Kit consists of two auto-injectors containing pharmaceuticals to counter life-threatening reactions in those exposed to nerve agents. Due to the contents and to the mode of delivery of the nerve agent antidotes, first responders in your community must first be trained on the safe and appropriate use of these kits prior to their being issued for use. These Mark I kits are intended for use as a protective measure by first responders and other public safety personnel involved at the scene of an event. In extreme circumstances, first responders may also need to treat victims at the scene with the Mark I kits.

In 2004, the Capitol Region Metropolitan Medical Response System (CR-MMRS) piloted a program to train first responders and to distribute Mark I kits to Capitol Region first responder agencies. The MMRS program has met with great success. The Capitol Region Mark I training was presented in a "train the trainer" format at no cost to designated members of the fire, police and emergency medical service communities. First responders are now being asked to re-state the date(s) of their original training prior to receiving the Mark I kits. The CR-MMRS training protocol (re-named as the State of Connecticut Mark I Deployment Protocol, See Page 3) has been previously approved by the Department of Consumer Protection and the Federal Drug Enforcement Agency for statewide implementation under the auspices of DPH and DEMHS. The Mark I Antidote Kits do not contain any controlled substances.

Accordingly, the Connecticut Department of Public Health (CTDPH), in cooperation with the CT Department of Emergency Management and Homeland Security (DEMHS), will distribute Mark 1 Nerve Agent Antidote Kits to emergency responder agencies in your community that have successfully completed a prescribed Mark I training program. An additional requirement is that your community must submit to DPH a protocol for the safe storage, security and distribution of these antidote kits within your community.

The Connecticut Fire Academy (CFA), the Police Officer Standards and Training Council (POST), the Connecticut State Police (CSP), and the two Hospital Centers of Excellence at Hartford Hospital and at the Yale-New Haven Healthcare System have agreed to apply their collective resources and facilities to provide Nerve Agent Antidote Kit training to all current and future Connecticut first responders. The combined initial training, and subsequent planned training to meet Occupational Safety and Health Administration (OSHA) competencies related to blood borne pathogens, will assure that Connecticut will have a robust nerve agent antidote protection program for our first responders.

The safety of our first responders is of the utmost importance to all of us. Accordingly, the distribution of Nerve Agent Antidote Kits to any first responder agency in your community will not occur until all of the first responders within a functional response agency have been trained, have demonstrated their knowledge of the proper indications for use of the Mark I kit, and have satisfactorily demonstrated their proficiency in the appropriate technique for the use of the auto-injectors.

If you wish to participate in the *Mark I Nerve Agent Antidote Kit Program* in your community, we ask that you, as the Chief Elected Official of your municipality, comply with the following:

1. Attest in writing that it is your intent to have your community participate in the Mark I program, and that you will direct your community's responder agencies (fire, police and emergency medical service providers) to complete and to comply with the training and distribution protocol requirements of the Mark 1 program.
2. Additionally, upon completion of training by your responders, and after implementation of the storage and security protocols for your community, we ask that you verify by your signature that the training has been completed and documented satisfactorily for each responder agency in your jurisdiction.
3. Finally, we ask that you designate a person from your community to serve as the principal point of contact (POC) for the Mark I program, and that you provide us with the contact information for that individual.

Page 13 of this letter contains a Certification of Training document, requiring the signatures of both the designated Point of Contact and the Chief Elected Official, to be submitted to CTDPH following completion of training by a responder agency. Once the training roster and the storage and security protocols have been reviewed and approved by CTDPH, the Mark I kits will be distributed to the appropriate agencies.

We, the Commissioners of the Department of Emergency Management and Homeland Security and the Connecticut Department of Public Health, strongly encourage you to involve your community in this important program in order to ensure that our first responders are provided with the very best available protection against the accidental or intentional release of a nerve agent.

Should you have any questions regarding the Nerve Agent Antidote Kit or training program, please feel free to contact Robert Kenny of the Connecticut Department of Public Health at 1-860-509-7822.

Thank you in advance for your support and participation in this very important program.

Sincerely,



James M. Thomas  
Commissioner  
Department of Emergency Management  
and Homeland Security

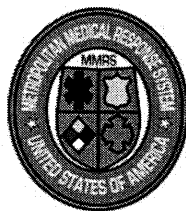
Sincerely,



J. Robert Galvin M.D. M.P.H.  
Commissioner  
Connecticut Department of  
Public Health

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## Metropolitan Medical Response System

### **State of Connecticut**

# State of Connecticut Mark I Deployment Protocol

March, 2007



## State of Connecticut Mark I Deployment Protocol

This protocol is designed as guidance for first responder agencies in the State of Connecticut for the acceptance, storage, security, and distribution of the Mark I Nerve Agent Antidote Kits. This protocol for use is derived from the Capitol Region Metropolitan Medical Response System (CR-MMRS) and CT Department of Public Health training program for nerve agent symptom recognition and treatment, and serves as the protocol for self- and/or unit-administration. For the safety of our responders, participating agencies are expected to strictly follow the provisions of this document. The following directive is meant to provide a “minimum standard” for storage, security and distribution procedures.

### Definitions

**Unit Preservation:** Refers to the use of the antidote kit on a “buddy” or any other member of the first responder entry team who becomes poisoned and is unable to self-administer the antidote. First responders are prohibited from administering the antidote kit to civilian victims; its use is intended solely for the preservation of the entry team or of public safety personnel poisoned by a nerve agent.

**Point of Contact (POC):** Refers to the person designated by a municipality as the person responsible for the storage, security and distribution of the Mark I antidote kits. Once the kits have been distributed to the municipality, the POC assumes responsibility for the community’s compliance with the provisions of the *Connecticut Mark 1 Nerve Agent Antidote Kit Program*, and serves as the liaison with the Connecticut Department of Public Health. In the event that the POC duties are transferred to another person within the agency, the Connecticut Department of Public Health shall be notified in writing within 5 working days.

**Control Zones:** Refers to the work areas established after an incidental or intentional release of a nerve agent, based on the risks of harm to responders. These include:

- **Hot Zone:** The area most affected by the hazardous materials release, areas of safe refuge for contaminated victims and beginning of the contamination reduction zone/corridor. Responders operating in this area will require chemical protective clothing commensurate with chemical properties and activities.
- **Warm Zone or Contamination Reduction Zone:** This area is safe from the ongoing hazardous materials release. Cross contamination from contaminated victims can occur in this area. This area also includes the contamination reduction corridor where decontamination occurs. Responders operating in this area will require chemical protective clothing commensurate with chemical properties and activities. This zone is the access control point for the hot zone.
- **Cold Zone:** The area outside the warm zone that is within the incident perimeter and is contamination free. Command, control and support activities for the incident occur in this zone. This is also the area that treatment of decontaminated victims is expected to occur.
- **Incident Isolation Perimeter:** The area that is controlled at the outer boundaries of the cold zone. Only response and support personnel are authorized within this area.

## **Purpose**

These directives are designed to present a “minimum standard” for the acceptance, storage, maintenance and use of the MARK I Nerve Agent Antidote Kits for first responder agencies and municipalities in Connecticut. This protocol for use is derived from the CR-MMRS training program for nerve agent symptom recognition and treatment. Strict adherence to the terms of these protocols is expected of each agency or municipality participating in the MMRS pharmaceutical program.

## **Nerve Agent Antidote Kit Distribution to Recipient Agencies or Municipalities**

1. Each agency or municipality receiving MARK I/Diazepam injectors shall provide the Connecticut Department of Public Health (DPH) with its storage/distribution plan (see page 15) prior to receiving DPH authorization to receive the antidote kits. The plan shall include provisions for secure storage and monitoring of the storage location, and shall meet the requirements for safe storage [refrigeration, etc.] as directed by DPH.
2. Upon completion of the Train-the-Trainer program, each agency or municipality shall provide DPH with a schedule of training for their personnel.
3. Upon completion of the training of the agency's or municipalities personnel at the WMD Awareness/Chemical Antidote Kit level, the agency or municipality shall provide DPH with a roster of trained personnel. This roster shall be reviewed by DPH and, once approved, the agency or municipality shall be designated as eligible to receive chemical agent antidote kits (three MARK I auto injectors) in a quantity that shall allow for one kit per each on-duty personnel.
4. Upon completion of training of the agency's or municipalities personnel, one member of each agency or municipality is to be designated as the Point of Contact (POC). The name and contact information for this individual shall be provided to DPH. The POC shall be the sole authorized person to sign out chemical agent antidote kits from the agency or municipality.
5. Kits shall be distributed in sealed, numbered tamper-evident bags.
6. Upon receiving the antidote kits, the POC shall be responsible for their storage, inventory and distribution. The POC shall be responsible for providing DPH with an inventory of antidote kits and expiration dates every six months or as requested by DPH.
7. In order to ensure the most rapid application of the Nerve Agent Antidote when needed, it is recommended (not required) that the Nerve Agent Antidote Mark I Kits be carried by first responders in their emergency vehicles or on their person at all times during the normal course of their work.

## **Maintenance**

1. The Nerve Agent Antidote Kits must be kept in a location that is secure and monitored. The agency or municipality receiving the kits shall provide a secure storage compartment for the Mark I Kits secured to their vehicles/apparatus, or shall require their personnel to maintain the kits on their person.
2. It shall be the responsibility of the on-duty personnel to check the kits for tampering/damage at the beginning of each shift. Damaged or tampered kits are to be taken off-line and a report is to be made to the POC before the shift change.

3. Missing auto-injectors are to be reported to the POC immediately upon determination of the loss. The POC will investigate the loss of the auto-injector and provide a report to DPH.
4. The report shall be forwarded to DPH within 5 days and replacement shall be arranged. It shall be the responsibility of DPH to report issues regarding the auto-injectors to the CT Department of Consumer Protection.
5. The agency or municipality receiving the antidote kits shall be responsible for providing an inventory to DPH complete with expiration dates semi-annually. DPH reserves the right to perform periodic spot checks to assure antidote kit integrity and to check expiration dates. Mark I Kits have a 5-year shelf life under normal conditions.

## **PROTOCOL FOR USE OF THE NERVE AGENT ANTIDOTE [MARK I] KIT**

### **Statement of Purpose**

*The use of the MARK 1 auto-injector is intended for self- or unit-preservation in the event of poisoning by a chemical nerve agent. Use of the kit is limited solely to this purpose. The use of this antidote for any other class of agents is contraindicated and may be a life-threatening hazard to the responder.*

### **Indications for Use**

In the event of exposure to a known or a suspected WMD chemical agent, responders should withdraw immediately from the area if possible. Withdrawal should be made with the realization that the responder may be contaminated and should be limited to the nearest fresh-air site avoiding contamination of bystanders or other responders.

### **Kit Dosing**

1. In general, pinpoint pupils, increased secretions, and muscle fasciculation are the most reliable signs of nerve agent exposure.
2. Nerve agents are either vaporous or liquid agents belonging to the classification of drugs known as organophosphates. Tabun (GA), Sarin (GB), Soman (GC) and VX are the most commonly stockpiled agents. The first three, though transported as liquids, are weaponized by vaporization and are inhaled. VX stays in a heavy liquid form, much like motor oil, and is spread by the droplet route.

### **Mild Vapor Exposure**

1. **Signs and symptoms following a vapor exposure occur within seconds to minutes, and include:**
  - a. Miosis – constriction of the pupil. Characteristically occurs from a nerve agent vapor exposure to the eye, or from direct liquid contact with the eye. Miosis is usually accompanied by eye pain, described often as a dull ache in the front of the forehead or as pain about the orbit
  - b. Headache

- c. Dim vision
- d. Increased salivation, lacrimation, and rhinorrhea (rhinorrhea may be the first indicator of exposure, aside from eye findings, in a vapor exposure)
- e. Mild respiratory distress
- f. Mild muscle weakness and/or mild, localized muscle twitching

## **2. Management**

- a. most symptoms resolve spontaneously within 15-30 minutes
- b. no specific treatment is indicated

## **3. Treatment:**

- a. If airway effects are noted (chest tightness, shortness of breath, airway secretions), and/or if other symptoms are not improving over time, **ONE MARK-I kit is administered.**
- b. Monitor progress, noting that MARK-I auto injectors will not reverse miosis. Supplemental oxygen is required in those personnel with pulmonary manifestations, or with a history of cardiac disease.

## **Moderate Exposure**

### **1. Signs and symptoms for a moderate exposure include:**

- a. Those occurring in mild exposures
- b. More respiratory distress
- c. Muscular weakness and fasciculation – twitching can be localized, as in the case of mild to moderate liquid exposure, or generalized, as in large liquid and moderate to large vaporous exposures
- d. Gastrointestinal effects (vomiting and diarrhea) – these are generally the first systemic signs of skin exposure (liquid agent) to a nerve agent
- e. Sweating – may be localized for a mild to moderate liquid exposure, or generalized for a vapor or large liquid exposure
- f. Tachycardia, hypertension

### **2. Management and Treatment:**

- a. **ONE OR TWO MARK-I kits are administered, and titrate to symptomatology (up to a maximum of three MARK I kits)**
- b. Respiratory management – supplemental oxygen, assistance in secretion management



## **Severe Exposure**

### **1. Signs and symptoms for a severe exposure include:**

- a. Miosis
- b. Copious respiratory secretions impairing a patent airway
- c. Severe respiratory distress or apnea
- d. Possible cyanosis
- e. Muscle twitching which progresses to muscle rigidity and flaccid paralysis
- f. Altered level of consciousness – patient may be unconscious or seizing
- g. Incontinence of bowel and bladder

### **2. The onset of symptoms** for a severe exposure are usually rapid, from seconds to minutes for a vapor exposure, but may take up to 30 minutes for a VX or liquid exposure.

### **3. Management and Treatment**

- a. Aggressive airway control, including BVM, intubation, Combitube insertion, and vigilant suctioning
- b. **THREE MARK-I kits should be given in rapid succession**
- c. Anticonvulsant medications will probably be required, even in the absence of seizure activity.  
**Administer ONE DIAZEPAM AUTO-INJECTOR**

## **Special Considerations**

- 1. Riot control agents, i.e. mace, tear gas, pepper spray, are irritants to mucous membranes
  - a. excessive tearing and rhinorrhea will be present
  - b. shortness of breath may be present
  - c. miosis is never present
  - d. Atropine and Pralidoxime are not indicated
- 2. Pesticides, such as malathion, chlorpyrifos, and diazinon are also organophosphates
  - a. they are not as potent
  - b. treatment is usually limited to atropine alone

- c. Pralidoxime is not indicated for pesticides containing carbamates
3. Industrial gases, such as chlorine and phosgene, have similar presentations to nerve agents
- a. shortness of breath, skin or mucous membrane irritation, and cough may be present.
  - b. muscle fasciculation and miosis are not present.

### **Recommended Procedure for Administration of MARK 1 Kits**

**Note:** *Two self-administration protocols are outlined: the sequential protocol allows the two components of the MARK I kit to be given one at a time; the simultaneous protocol allows for both auto-injectors to be administered at the same time. There are no therapeutic advantages of one over the other, and either may be employed with the same effect.*

#### **Self-Administration: Sequential Protocol**

1. Please note the MARK-I kit contains two auto-injectors: the larger black-tipped Pralidoxime, labeled #2, containing 600mg of medication in 2ml; and the smaller green-tipped Atropine, labeled #1, containing 2mg in 0.7ml
2. Hold the kit in the non-dominant hand with the larger (#2) auto-injector on top
3. Grasp the smaller (#1) auto-injector in the dominant hand with a pencil-type grip, pull and remove the smaller green-tipped #1 Atropine injector from its clips
4. The Atropine auto-injector is now “armed”
5. Select a large muscle mass – the anterolateral thigh is the preferred site
6. The upper outer quadrant of the buttocks is permissible, particularly for thin casualties
7. Remove any objects (coins, keys, buttons) that may be obstructing the path of the spring-loaded needle; do not inject directly onto or in close proximity to the thigh, hip, or knee bone
8. The auto-injectors are designed to be used through clothing and turnout gear
9. Place the colored end (needle side) against the selected site and apply firm, even, stabbing pressure to the auto-injector
10. Hold in place for 10 seconds
11. Massage the site if possible
12. Repeat, using the black-colored Pralidoxime injector labeled #2
13. Make every effort to dispose of used needles carefully, either by utilizing a sharps container/ bucket, and/or by bending the tips of the non-retracting needles against a hard surface (ground)

14. Monitor for improvement in symptoms – remember, miosis or pupillary constriction will not improve unless *topical* Atropine is given
15. Multiple or repeated doses may be given according to signs and symptoms up to a maximum of 3 MARK-I kits

### **Self-Administration: Simultaneous Protocol**

1. Prepare both auto-injectors, as described above
2. Select two muscle sites, one in each thigh or buttock
3. Simultaneously, inject both auto-injectors into the desired sites, holding firm pressure for 10 seconds until both auto-injectors are fully discharged
4. Massage, dispose of sharps, and monitor effects and symptoms as above

### **Buddy Administration**

1. If conscious, have the recipient squat and not kneel to receive antidote administration
2. If unconscious, position the recipient on his/her side in a lateral position
3. Select the thigh or upper outer quadrant of the buttocks as the site of injection (the thigh is preferable)
4. Administer per injection protocols
5. Monitor for improvement or need for additional MARK I injections
6. In order to determine that a responder has received treatment with antidote kit[s], each CR-MMRS kit shall include a marking pen. The pen is to be used to signify that a responder has received treatment with MARK 1 kits and/or Diazepam.
7. A single vertical line shall be drawn upon the forehead of the responder for every MARK 1 kit received, and a “V” added when needed to signify the administration of the Diazepam component.

### **Post-Treatment Actions**

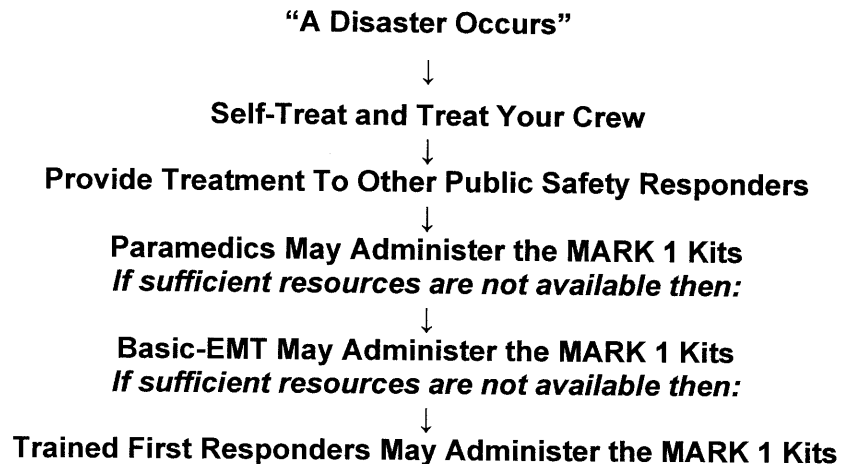
- A. Once egress is made and self-treatment has been performed, the responder shall notify other personnel on scene of the danger inside and shall await decontamination before advancing for further medical evaluation.
- B. Once treated with antidote kit[s], the responder shall be taken off-line immediately and transported to the nearest Emergency Department for further medical evaluation.
- C. A triage tag will be attached to the responder indicating the use of MARK 1 / Diazepam auto injector(s), and adding any information regarding the exposure [liquid or vapor, signs and symptoms, and especially if the responder has been decontaminated].

**MMRS MARK 1 Kit Utilization  
DISASTER PROTOCOL**

***Introduction***

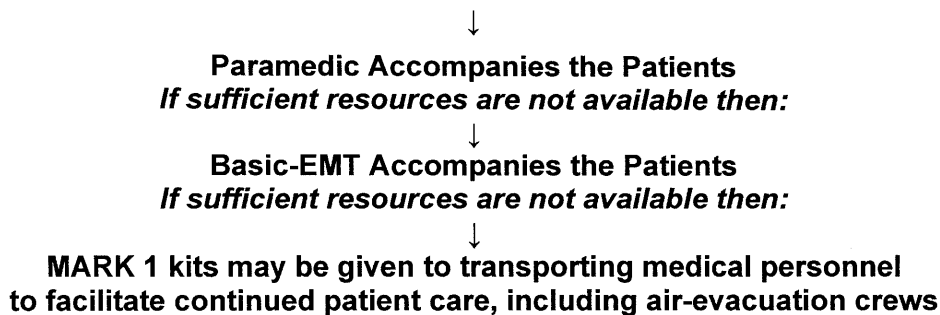
The primary intent of using MARK I Kits is to allow first responders to self-treat or to treat other first responders in the event of a chemical nerve agent exposure. However, DPH realizes that, in the event of a mass public exposure to a nerve agent, the first responders may possess the resources to treat other members of the response team. Accordingly, DPH endorses the following protocol for on-scene administration of the MARK 1 Kits.

***On-Scene Protocol***



***Transport***

For patients requiring continued administration of the MARK 1 Kit DPH authorizes the following transportation protocol (*in order of preference*):



**Emergency Requests For Additional Mark I Kits (CHEMPAK):**

Incident Commanders who determine that their current supply of Mark I kits may become exhausted, may request emergency re-supply of Mark I Kits at the scene of an incident by **calling 911 or contacting their nearest Acute Care Hospital**. The following conditions should be met in order for an emergency CHEMPAK request:

1. ICS Established
2. Nerve Agent Suspected
3. Public Health Threatened
4. Incident is Beyond Local Emergency Capacity
5. Lives will be Lost without the CHEMPAK

Each CHEMPAK contains enough nerve agent antidote to treat at least 540 persons. Any activation and use of a CHEMPAK must be reported as soon as possible to the Centers for Disease Control.

# Acceptance of Protocols For The Storage And Distribution Of Nerve Agent Antidote (Mark I) Kits




The Point of Contact and Chief Elected Official or Agency Head accepts and will adhere to the protocols contained in this guidance document. Furthermore the Chief Elected Official or Agency Head hereby indemnifies and shall defend and hold harmless the Department, its officers, and its employees from and against any and all suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, monetary loss, interest, attorney's fees, costs and expenses of whatsoever kind or nature arising out of the performance of this Agreement, including those arising out of injury to or death of the Municipalities or Agencies employees or subcontractors, whether arising before, during, or after completion of the services hereunder and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part, by reason of any act, omission, fault or negligence of the Municipality, Agency or its employees, agents or subcontractors.

**AGENCY OR MUNICIPALITY:** \_\_\_\_\_

**KEEP COPIES WITH  
EACH MARK I KIT**

## POINT OF CONTACT

_____	_____	X _____	_____ 
Typed Name	Title	Signature	Date

## CHIEF ELECTED OFFICIAL / AGENCY HEAD

_____	_____	X _____	_____ 
Typed Name	Title	Signature	Date

## Please Return Completed Forms To:

Robert Kenny  
EMS Field Program Coordinator  
Connecticut Department of Public Health  
410 Capitol Ave.,  
Hartford, Connecticut 06134-0308  
Phone: 1-860-509-7822  
Email: [Robert.kenny@po.state.ct.us](mailto:Robert.kenny@po.state.ct.us)

**Certification of Mark 1 Training**

This is to certify that the personnel listed below have successfully completed the required training in the use of the Mark I nerve agent kit (see course syllabus on page 14).

**Train the Trainer Certification**

Name	Title	Department	Date	Date
Training Conducted at:	<input type="checkbox"/> Yale Hospital	<input type="checkbox"/> State Police Academy		
	<input type="checkbox"/> Hartford Hospital	<input type="checkbox"/> POST		
	<input type="checkbox"/> Fire Academy			


List of Personnel trained by the Trainer on: \_\_\_\_\_ Date: \_\_\_\_\_

No.	Name	Title	Department
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Attach Additional Lists if Necessary

**AGENCY or MUNICIPALITY:** \_\_\_\_\_

**POINT OF CONTACT**

_____	_____	X Signature	_____	
Typed Name	Title		Date	

**CHIEF ELECTED OFFICIAL**

_____	_____	X Signature	_____	
Typed Name	Title		Date	

## Connecticut First Responder ACT FAST Course Syllabus Nerve Agent Antidote Kit Training Concepts of Training Course

This course is derived from the Chemical Stockpile Emergency Preparedness Program to provide consistency in the information delivered to all first responders intended to use the Mark 1 Nerve Agent Antidote Kit (NAAK). It is meant to be the baseline of information delivered to all first responders. The video clips demonstrating the administration of the NAAK utilize firefighters in full personal protective equipment to depict the effectiveness of needle penetration through bulky, layered clothing.

The instructor's primary purpose is to facilitate the delivery of the information on the DVD program, answer and guide questions and discussions related to the topic, provide demonstration of the Mark 1 kit to the students and conduct practical exercises with the student performing the skills learned in the program. The final course evaluation will be conducted via written examination which is based on the Connecticut Department of Public Health Protocol for NAAK. Although the course schedule has time periods indicated, the measurement of competency shall be based on skill performance and information retention, not time.

Handouts are provided in the instructor manual for reproduction. The NAAK protocol is essentially the student work book. The Mark 1 Pocket Guide can be laminated and carried in the response clothing of each first responder to us as a constant reminder of the Mark 1 and how it is used. The Buddy Kit Instruction Card should be carried as part of the Mark 1 kit to serve as a constant reminder of the procedures for self administration and buddy administration.

### Course Syllabus

Description	Time
Introductions	05:00
Concepts of Training Course	05:00
DVD Presentation	
Chapter 1 Introduction and Overview	3:11
Chapter 2 Exposure	2:04
Chapter 3 Nerve Agents	4:38
Chapter 4 Nerve Agent Signs and Symptoms	2:36
Chapter 5 Treatment of Nerve Agent Exposure	5:50
Chapter 6 Treatment	1:27
Chapter 7 Mark 1 Self Administration	4:08
Chapter 8 Mark 1 Buddy Administration	3:15
Chapter 9 Diazepam (Valium) Auto Injector (Not Included)	1:32
Chapter 10 Decontamination	1:28
Chapter 11 Summary	0:36
Chapter 12 Deployment Example	2:05
Credits	1:17
Total DVD Presentation	32:07
Department of Public Health Mark 1 Protocol Review	10:00
Demonstration of Mark 1 Nerve Agent Antidote Kit	20:00
Mark 1 Pocket Guide	
Buddy Kit Administration Instruction Card	
Deployment and Storage of Mark 1 Kits	
Student Practice with Mark 1 Kits	45:00
Self Administration	
Buddy Administration	
Written Evaluation	30:00

#### Disclaimer

This training program contains copyrighted materials that are being used for educational purposes. Use of this program and the materials it contains for profit or any use other than its intended purpose, is strictly prohibited.





## Mark I Kit Application Package



### Storage and Security Plan

This is to certify that the following storage locations and security procedures will be used by the agency or municipality to prevent damage or theft of the Nerve Agent Antidote (Mark I) Kits.

<b>KIT #1</b>	Mark I Kit will be: (Circle One)	a) Stored in Vehicle	b) Carried on Persons	c) Stored in Building
a) If stored in Vehicle, Provide Vehicle Plate# _____				
b) <u>If Carried on Person, Person Must be Trained</u>				
c) If Stored in Buidling, Provide Address:: _____ Rm ____.				
Provide a brief description of the security procedure for this Mark I Kit: (Include inventory procedure, measures to prevent damage and theft)				
<b>KIT #2</b>	Mark I Kit will be: (Circle One)	a) Stored in Vehicle	b) Carried on Persons	c) Stored in Building
a) If stored in Vehicle, Provide Vehicle Plate# _____				
b) <u>If Carried on Person, Person Must be Trained</u>				
c) If Stored in Buidling, Provide Address:: _____ Rm ____.				
Provide a brief description of the security procedure for this Mark I Kit: (Include inventory procedure, measures to prevent damage and theft)				
<b>KIT #3</b>	Mark I Kit will be: (Circle One)	a) Stored in Vehicle	b) Carried on Persons	c) Stored in Building
a) If stored in Vehicle, Provide Vehicle Plate# _____				
b) <u>If Carried on Person, Person Must be Trained</u>				
c) If Stored in Buidling, Provide Address:: _____ Rm ____.				
Provide a brief description of the security procedure for this Mark I Kit: (Include inventory procedure, measures to prevent damage and theft)				
Attach Additional Lists if Necessary				

#### Please Return Completed Forms To:

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EMS Field Program Coordinator  
Connecticut Department of Public Health  
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Phone: 1-860-509-7822  
Email: [Robert.kenny@po.state.ct.us](mailto:Robert.kenny@po.state.ct.us)

Department of Public Health in Cooperation with the Department of Emergency Management and Homeland Security

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